

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006359

1. Entity Name

FIRST BAPTIST CHURCH OF WASHINGTON PARK, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90127 041 ****61.25

Principal Place of Business

Mailing Address

411 GREEN STREET
WASHINGTON PARK
MOORE HAVEN FL 33471
US

POST OFFICE BOX 245
MOORE HAVEN FL 33471-0245
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0127832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, JOHN J ESQ.
150 S. MAIN ST.
LABELLE FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CAMMON, ELIJAH
STREET ADDRESS 273 HUGGINS AVE N.W.
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HAYNES, JAMES
STREET ADDRESS 314 OAK ST.
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME THOMAS, WILLIE JEAN
STREET ADDRESS 520 ELMWOOD AVE.
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LANG, ULYSSES
STREET ADDRESS 522 ELMWOOD AVE.
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HENDRICKS, NANCY
STREET ADDRESS 933 CANAL AVE.
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ELLIS, DARLENE
STREET ADDRESS 210 10TH STREET
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elijah Cammon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-00 1-863-946-2174